

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : <u>10/30/521</u>	Examiner : <u>Smith, J</u>	GAU : <u>2881</u>
From: <u>[Signature]</u>	Location: <u>IDC FMF FDC</u>	Date: <u>06-10-05</u>
Tracking #: <u>06108114</u>		Week Date: <u>05-23-05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>03-12-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency: Original claim 6 depends upon canceled original claim 5. Please resolve.

Thank You,  
[Signature]

[XRUSH] RESPONSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIALS: \_\_\_\_\_

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
REV 10/04